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	DEPARTMENT OF PU			PUBI	Registration District No. 7 1963  Primary Registration District No. 10181  STATE FILE  Primary Registration District No. 10181	NUMBER							
ON THIS STUB					1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before							
VS 300	Ē				a. COUNTY a. STATE MO. b. COUNTY	admission)							
Rev. 4/59	AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR	Inside Limits							
,	WE	1		.	TOWN ST. LOUIS LIFE TOWN ST. LOUIS	Yes   No							
, 3	ATE A				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital  Inside Limits  Ves  No  No  Ves  No  No  Ves  No	Reside on Farm							
$\frac{2}{3}$	万叠	+	+	<b>↓                                    </b>	3. NAME OF DECEASED First Middle Last 4. DATE Month Da								
3	1				(Type or print)	,96 <b>3</b>							
4 3					5. SEX  6. COLOR OR RACE  7. Married Never Married 8. DAJE OF BIRTH  8. DAJE OF BIRTH  9. AGE (last birthday) IF UNDER 1 YI  Widowed Divorced 2/6/1900 63	EAR IF UNDER 24 HR							
5 2					10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN	OF WHAT COUNTRY							
6	SX				Teacher Festus, Mo. Public Sch. St. Genivieve Co. Mo. U	S.A.							
7	FOLLO				13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR W	/IFE							
X / I	I I			.	Emil Nelson Jennie Beckett William B Se  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address	xton							
	E AS				15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Lydia Supret_230 Soluth S								
	ARE	1 1			1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),								
10				۶Į.	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INTERVAL BETWEEN ONSET AND DEATH							
·	쥖			UMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN							
	RECORD AD OF			₩ C	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Pulmonary Embolism	ONSET AND DEATH							
127/-1	S REC			DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Pulmonary Embolism  Conditions, if any, Due TO (b) Myocardial infarction, old	INTERVAL BETWEEN ONSET AND DEATH  1 day  1 week							
12 7/-/	THIS REC		-	₩ C	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Pulmonary Embolism  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  Bronchial pneumonia  ### 20://	INTERVAL BETWEEN ONSET AND DEATH							
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12 7/- 1) 13 7/	AMENDMENTS ON THIS REC NO. SHOULD READ INSTEAD			OF DOCUM	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  IMMEDIATE CAUSE (a)  Pulmonary Embolism  Conditions if any, which have rise to above cause (a). Stating the under lying cause last.  DUE TO (b)  Myocardial infarction, old  Wyocardial infarction, old  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  DIE TO (c)  Bronchial pneumonia  PART III. If decessed there a pre disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PAR PERFORMED? YES)  None  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PAR None  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PAR None  10. INJURY OCCURRED WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY WHILE AT WORK   20d. INJURY OCCURRED, (Enter nature of injury in PART I or PAR None Death occurred at Oct 9, 1963	INTERVAL BETWEEN ONSET AND DEATH  1 day  1 week 4 days  d was female was grancy in last 90 days  No Unknow I li of item 18.)  STATE  1963 e causes stated.							
12 7/- 1) 13 7/	AMENDMENTS ON THIS REC			AFFIDAVIT OF DOCUM	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Pulmonary Embolism  Conditions, if any, which, gave rise to above cause (a), starting the under-lying cause last.  DUE TO (c)  Bronchial pneumonia  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  Diabetes Mellitus and Myocardial  PART III. of the deceased disease condition given in PART I (a)  Diabetes Mellitus and Myocardial  PART III. of the deceased from an or part of injury in PART I or PART	INTERVAL BETWEEN ONSET AND DEATH  I day  I week  4 days  d was female was gnancy in lest 90 days  No Unknow I il of item 18.)  STATE  22c. Bys SGNE (State)							

## STATEMENT BY LICENSED EMBALMER

	I hereby certify that th		name is		e reverse si	de of this certif	icate was embalmed l	by me,
or by_	**************************************	-	- <del> </del>	<del></del>	<del> </del>	, Student E	mbalmer No	
working Student	g under my personal su	pervision.		Signed_	Gu	itore	Suman	
orocciii		tudent Embalmer		Signes		Licensed Embalmer No. 4580		
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.